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Case Study

AN INTEGRATED APPROACH TO ANTISOCIAL PERSONALITY DISORDER AND BIPOLAR AFFECTIVE DISORDER I

Thasni K C[1]*, Asha V[2], Satheesh K[3], Vinod R[3], Aparna P M[4]

*[1]PGD Scholar Manasika Swasthya Vigyan, [2]MD Scholar Manovigyan evum Manasaroga, [3]Professor, Department of Kayachikitsa, VPSV Ayurveda College Kottakkal

[4]Specialist Medical Officer, Govt. Ayurveda Research Institute for Mental Health & Hygiene, Kottakkal, Kerala, India.

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ABSTRACT

Antisocial Personality Disorder (ASPD) is a complex psychiatric condition characterized by impulsivity, aggression, and disregard for others' rights, affecting approximately 1-4% of the general population. Comorbid Substance use often complicates treatment, with researches indicating 50% of individuals with ASPD also struggles with substance use. The case report shows the scope of integrated approach in personality disorder with comorbid Bipolar Affective Disorder I (BPAD) with substance use combining Ayurvedic interventions, psychological therapy and yoga. A 30-year-old male patient with ASPD and comorbid BPAD I with substance use shows feature of *Paithika unmada* with *Vata anubanda* was treated with an integrated approach combining Ayurvedic interventions, cognitive-behavioral therapy, and yoga in an inpatient setting of Govt. Ayurveda Research Institute for Mental Health and Hygiene, Kottakkal. Ayurvedic treatment focused on balancing the predominant *Pitta* and *Vata doshas* using medications and procedures such as *Virechana, Sirodhara, Rookshana, Snehapana, Vasti, Nasya* and *Siropichu*. Along with these, 4 sessions of cognitive behavioural therapy and daily yoga was given. Assessments were done using Antisocial Personality Disorder Test, Personality Belief Questionnaire (PBQ) and Young's Mania Rating Scale (YMRS). The patient showed significant improvements in symptoms, including reduced irritability and aggression, decreased substance use, improved sleep quality, and enhanced appetite and overall well-being. This case highlights the potential of Ayurvedic interventions in managing ASPD with comorbid substance use, and demonstrates the effectiveness of an integrated treatment approach.

INTRODUCTION

In India, prevalence of antisocial personality disorder is 5.17% among study population[1] with more prevalent in men than women. According to the latest UNODC World Drug Report 2024, the number of people using drugs reached 292 million in 2022, a 20 percent increase over the past decade.[2] Poorly managed behavioural disorders such as Childhood Conduct Disorder (CD), Oppositional Defiant Disorder (ODD) etc. can significantly disrupt this interplay, predispose for the development of Antisocial Personality Disorder (ASPD) and a comorbid Substance use.[3] The consequences of which are profound, affecting not only the individual's personal and social life but also imposing a significant burden on the nation's productivity. As per DSM 5 TR, the essential feature of antisocial personality disorder is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood. [4] This pattern has also been referred to as psychopathy, sociopathy, or dissocial personality disorder. Individuals with a history of conduct disorder in childhood or adolescence and antisocial personality disorder are at increased risk

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for substance use. Comorbid substance use can further exacerbate these issues, contributing to a decline in physical and mental health, increased risk of accidents and injuries, and heightened risk of criminal behaviour. Despite its significance, managing ASPD and substance use remains a perplexed challenge due to its complex aetiology, high comorbidity rates, and inadequate treatment options. From an Ayurvedic perspective, ASPD is associated with an imbalance of the three *Doshas,* particularly an excess of *Pitta* and *Vata doshas*. Individuals with a *Pitta*-predominant *Prakriti* (constitution) are more likely to exhibit traits of ASPD, including anger, aggression, and impulsivity. Furthermore, the *Raja* and *Tama gunas* (temperaments) are also implicated in ASPD, contributing to the development of maladaptive behaviors, which may result in *Unmada*. *Unmada* being a complex diagnosis, a multimodal management strategy addressing the biological, psychological, and social aspects of ASPD and substance use is needed in order to prevent the burden caused. An integrated approach including ayurvedic interventions, cognitive behavioural therapy and yoga can offer almost a promising solution. Pharmacological interventions and *Panchakarma* can deal with symptoms of ASPD and substance use, such as impulsivity and carvings. CBT can help individuals identify and challenge negative thought patterns and behaviours, while yoga can promote relaxation, reduce stress, and enhance emotional regulation.

Clinical presentation with history

A 30-year-old male, born by forceps delivery due to obstructed labour, with a history of childhood conflicts, developmental delays, and behavioural issues. He presents with symptoms of increased irritability, anger outbursts, verbal abuse towards his parents, excessive mobile phone use, reduced sleep and appetite, and increased suspiciousness. Symptoms first appeared at age 25 and have worsened significantly over the past 2 weeks. His history includes delayed walking, temper tantrums, sibling rivalry and dishonesty during childhood (7 years of age). He had an academic decline post-typhoid fever in Grade 7. He initiated substance use during adolescence due to the friendship with elderly people and exhibited reckless behaviour, such as repeated bike accidents. He completed a diploma in Operation Theatre Technician and worked several places regardless of his education and faced severe interpersonal conflicts with co-workers which resulted in multiple job shifting. This includes a shift to abroad where substance use escalated. He misrepresented his background to his spouse, leading to a short marital life and eventual legal separation, which worsened his substance use and triggered isolation and suicidal ideation. He usually indulged in others matters without their consent, on behalf of being a political activist and using his father's fame. Psychiatric distress in 2019 included sensory disturbances and aggression towards parents, managed with ECT and medications, though compliance was poor. Despite a period of abstinence from alcohol and other substances, familial stress led to relapse. He recently displayed violent behaviour in a bar and at home, increased sexual urges, and excessive porn video watching. He misused his political activism often to avoid legal consequences for conflicts and arrests. Admitted in IPD for further management at Government Ayurveda Research Institute for Mental Health & Hygiene, Kottakkal.

Family History: There is no significant family history of psychiatric illness.

Clinical Findings

Mental Status Examination

Table 1: Mental Status Examination

General appearance and behaviour	
Gait and posture	Normal
Motor activity	Increased
Social manner	Intact
Rapport	Establish with ease
Speech	
Coherence	Coherent
Relevance	Relevant
Spontaneity of speech	Spontaneous
Tone	Increased
Mood	Sad

Affect	Slightly agitated
Thought	
Form and stream	Continuous and goal oriented
Content	Slight ideation of grandiosity
Perception	No hallucinations and illusions
Cognition	
Consciousness	Alert and aroused
Orientation	Time, place & person - Intact
Attention & Concentration	Intact
Memory	Immediate, recent & remote – intact
Intelligence	General awareness- Intact
Abstract thinking	Intact
Reading and writing	Intact
Visuospatial ability	Intact
Insight	Grade 4
Judgment	Intact
Impulsivity	Present

Ayurvedic Psychiatric Examination

Table 2: Ayurvedic Psychiatric Examination

Manah	*Vibhrama* present (impulsivity, restlessness, substance use, sibling rivalry)
Budhi	*Vibhrama* present (multiple substance use)
Samjnajnana	No *Vibhrama*
Smrti	No *Vibhrama*
Bhakti	*Vibhrama* present (decreased desire to food)
Sila	*Vibhrama* present (increased anger, sexual desires)
cesta	*Vibhrama* present (increased motor behaviour, talkativeness, harming nature)
Acarah	*Vibhrama* present (harming parents, frequent lying)

Dasavidhapareeksha[6]

Table 3: *Dasavidhapareeksha*

Dooshyam	*Dosa: Pitta vata*
	Dhatu: Rasa
Desham	*Bhoomi Desam: Sadharana*
	Deha Desam: Sarvasareeram, Manas
Balam	*Rogam: Pravaram*
	Rogi: Madhyamam
Kalam	*Kshanadi: Hemantha*
	Vyadhyavastha: Puranam
Analam	*Madhyama*
Prakriti	*Dehaprakriti: Vata pitta*
	Manasa Prakriti: Rajasa Tamasa
Vaya	*Madhyama*

Satvam	*Madhyama*
Satmyam	*Sarvarasa satmyam*
Ahara	*Abhyavaharana Sakti: Madhyama*
	Jarana Sakti: Madhyama

Diagnostic Assessment

The patient is a firstborn male with a history of developmental delays, behavioural issues, and academic decline. Used substances in adolescence, influenced by peers, and exhibited reckless behaviour, including repeated bike accidents. His interpersonal difficulties, marked by dishonesty and conflicts, led to multiple job shifts and a short marital life that ended in legal separation. Substance use increased during his time abroad, and he misused his political activism to avoid legal consequences. Recently, he presented with increased irritability, anger, abusive language, aggression, reduced sleep and food intake, and excessive mobile phone use. He also displayed violent behaviour, increased sexual urges, and excessive pornography consumption. The patient's behaviour and history suggest a diagnosis of Antisocial Personality Disorder, characterized by disregard for others' rights, deceitfulness, and impulsivity, along with Substance Induced Bipolar Affective Disorder I currently with manic symptoms marked by irritability, aggressive behaviour, increased sexual interests and sleep disturbances.

Based on Ayurvedic understanding of psychological impairment of mental factors such as *Vibhrama* of *Mano, Budhi, Bakthi, Seela, Chesta* and *Acara* the disease was diagnosed as *Unmada*. Considering the specific features like *Krodha, Santarjana, Amarsha, Abhidravana*, and *Mushtirabhihananam paresham* accounts for *Pitta dosha* and *Lobha, Matasarya, Parisaranamajasram* and *Parushya* accounts for *Vata dosha*; hence the diagnosis *Paitika unmada* with *Vata anubanda.*[7,8]

His was managed previously with ECT and medications, though treatment adherence was poor. Mental status examination revealed a sad mood, increased speech tone, and grandiose ideations, with intact cognition but moderate insight and impulsivity. Antisocial behaviours were assessed using Antisocial Personality Disorder Test and Personality Belief Questionnaire (PBQ). The severity of symptoms were assessed using Young's Mania Rating Scale (YMRS).

Table 4: Assessment scales

Scale	Score	Interpretation
Antisocial Personality Disorder Test	Physical aggression: 14/20 Lack of empathy: 15/20 Absence of prosocial standards:13/20 Lack of guilt or remorse: 19/20 Incapacity for mutually intimate relationships: 14/20 Risk-taking: 16/20 Egocentrism: 16/20 Manipulativeness: 16/20	Higher score in different domains indicates elevated levels of antisocial beliefs.
Personality Belief Questionnaire (PBQ)	Z score = 5.108	Positive Z score value indicates personality disorder.
Young's Mania Rating Scale (YMRS)	25 (on 15/01/25)	Suggestive of severe manic symptoms.

Management

Internal Medicines

1. *Swetha sankhupushpi + Gokshura + Sarpagandha churna* - 1gm twice daily before food with lukewarm water.
2. *Swetha Shankhupuspi churna + Yashti churna* – 3g twice daily after food with lukewarm water.
3. *Tikthaka ghrita*[9] 10g at bed time
4. *Somalatha churna*[10] – 5g at bedtime with lukewarm water.
5. *Thalam* with *Sankupushpyadi thailam* (5ml) and *Panchaganda choornam* (5g) (daily).

Table 5: Treatment procedure with rationale

Treatment	Days	Medicine	Rationale	Remarks
Virechana	1	*Avipathy churna* 25g	*Pittahara*	5 vegas
Sirodhara	7	*Usheera kwatha*	*Pittahara*	Aggressive behaviour slightly reduced, able to handle anger, sleep improved.
Rookshana	2	1. *Gandharvahastadi Kashaya* 90ml twice daily before food 2. *Shaddharanam* tab 2-0-2 after food	*Rookshana* prior to *Snehana*	Appetite improved
Snehapana	7	*Tiktaka gritha* (50ml, 80ml, 120ml, 160ml, 180ml, 210ml, 250ml)	*Pitta samana, Unmadahara* and specially mentioned for *Krichra pittaja gada*	*Samyaksnigdha laskhana* attained on 7th day, presence of ghee in bowel, *Klama & Aruchi*, irritability and suspiciousness reduced.
Abhyanga & Ushma sweda	2	*Dhanwantaram tailam*	*Shodana poorva bahya Sneha,* indicated in *unmada*	--
Virechana	1	*Avipathy churna* 25g	*Koshtashudhihara Pittahara*	7 *Vegas*
Yogavasti	8	*Snehavasti with Tiktaka gritha* 80ml *Kashayavasti_ Erandamooladi* 720 ml	*Manaprasadakara*	Sleep was reduced during the course of *Vasti* which was managed with *Nasya.*
Nasya	5	*Ksheerabala* (101A) (1ml to 3ml)	*Nasya* is *Unmadahara Ksheerabala* helps in modulation of sleep.	Patient was comfortable.
Siropicu	3	*Madhuyashtyadi taila*	*Pitta samana*	---

Yoga

Yoga was administered on a daily basis for 30 min included *Sookshma Vyayama, Suryanamaskara Nadishudhi Pranayama, Swasthikasana* and *Shavasana*. Initially, started with *Sookshmavyayamas* only since patient was not much cooperative. Within few days when aggression got reduced, he started doing yoga daily.

Cognitive Behavioural Therapy

4 sessions of Cognitive Behavioural Therapy were administered. Initial session aimed at creating a rapport with the patient, encouraging him to introduce himself. CBT mainly aimed at managing anger issues. Spending time in group activities made him more approachable. Patient was also asked to note down the situation when he got anger, and how it was handled.

RESULTS

After treatment irritability, anger and use of abusive language reduced. Sleep got improved. YMRS score reduced from 25 to 14.

DISCUSSION

Antisocial personality disorder is characterized by a pervasive and enduring pattern of disregarding and violating the rights of others, typically emerging in childhood or early adolescence and persisting throughout an individual's life. [11] This disorder has a profound impact on interpersonal relationships and occupational functioning, significantly diminishing the overall quality of life. Individuals with antisocial personality disorder frequently engage in criminal behavior and struggle to learn from the negative consequences of their actions.[11] Some individuals may exhibit rule-breaking tendencies in childhood such as truancy and curfew violation followed by pervasively impulsive, irresponsible, and reckless behavior in

adulthood, whereas others may exhibit salient aggression in the form of bullying and physical cruelty early in life, transitioning to persistent predatory offending and remorseless acts of violence in adulthood.[12] In this case, the patient was very aggressive at the time of admission and was diagnosed as *Paithika unmada* with *Vata anubandha*. In Ayurveda, *Chiktsa*, is categorized as either *Shodhana* or *Samana*[13]. *Shodhana*, in which *Doshas* are eliminated from the body is considered as '*Budhi prasada*' and '*Indriya bala*' by *Acharya Vagbhata*[14,15]. Here, symptoms like *Amarsha, Krodha, Abhidaravana* like symptoms were present during admission which was managed by *Virecana*, as per *Charaka Samhita* that is considered *Agrya chikitsa* for diseases caused by *pitta. Avipathy curna* was used here as it is the drug of choice for *Virecana* in *Paithika* diseases and also it is *Anapayitwat*. The residual *Pitta* was addressed by administering *Shirodhara* with *Useerakwatha*, which was done for seven days. As per *Rajanigantu, Useera* possess *Sheeta veerya, Pittahara* properties. *Bhavaprakasha nigantu* accounts for *Madahara* and *Vishahara* properties of *Useera*. The relaxed alert state, after *Sirodhara*, was correlated with an increase in alpha rhythm in EEG.[16] *Sirodhara* gives *Dosha shamanatva* as well as *Indriya prasadana*[17]. *Sirodhara* has psychoneuroimmunological effects such as a decrease in noradrenaline level, exhibiting of sympatholytic effect, activation of peripheral circulation, and increased level of natural killer cells[18]. Here, after *Dhara* aggressive behaviour slightly reduced, sleep improved and he was able to handle anger. In order to attain complete *Shodana* of *Doshas* a prior *Rukshana* and *Snehana* is essential as per clinical practices. *Rukshana* done with *Gandarvahastadi Kashaya* and *Shaddharanam* tablet, both of which are *Pachana* and *Deepana*. After improving *Agni, Snehapana* was done with *Tikthaka ghrta,* which is *Pittahara. Ghrta* being lipid in nature rapidly gets absorbed in the target areas of central nervous system. Traditionally prepared *Ghrta* contains Docasa Hexaenoic Acid (DHA), and an omega 3 long chain poly unsaturated fatty acids, which is present in high concentration in brain cells too. DHA has positive outcome in cognitive decline and *Ghrta* is known to have antioxidant property which repairs the brain cells by acting upon the degenerative brain cells[19,20,21]. After attaining *Samyak snigdha lakshana*, *Abyanga* and *Ushma sweda* was done with *Dhanwantaram taila*. *Rookshana* and *Snehana* results in *Utkleshana* of vitiated *Doshas* which should be eliminated via proper *Shodana*. So, *Virecana* was done with *Avipathy churna*. Following *Virecana yogavasthy* was done, to address the *Vata* which is the controller of all mental functions. *Snehavasthy* was done with *Thikthaka ghrta* and *Kasayavasti* with *Erandamooladi*. Following *Vasthy, Ksheerabala* (101A) *Nasya* was selected for its anxiolytic effects, which helps regulate neural activity, reduced anxiety, and promote relaxation, leading to improved physical and mental health. Considering the *Pittahara* nature, *Madhuyastyadi taila* was used externally as *Siropicu* to address the aggressive nature and to enhance sleep quality.

Internal medicines include *Swetha sankhupushpi, Gokshura* and *Sarpagandha churna* - 1 gm twice daily before food was given to reduce the agitation. The combination *Swetha Shankhupuspi churna Yashti churna* was given to address the anger and restlessness. *Thiktaka ghrta* 10g given at bedtime to reduce *Paithika* symptoms. To improve sleep, *Somalatha churna* 3-5g is given at bedtime and *Thalam* with *Sankupushpyadi taila* and *Panchagandha churna* given externally.

CONCLUSION

BPAD I can be correlated as *Paitika Unmada* in Ayurveda. This case report shows importance of integrated approach including Ayurvedic interventions, Cognitive Behavioural Therapy and yoga in the management of ASPD and BPAD I. Further studies are needed in order to validate and generalise the observed findings.

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***Address for correspondence**
Dr. Thasni K C
PGD Scholar
Manasika Swasthya Vigyan,
Department of Kayachikitsa,
VPSV Ayurveda College Kottakkal,
Email: thasnikc89@gmail.com

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